The Southern PATRIOT

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Poll Favors Segregation of Patients, But--

Doctors OK Integrated Med. Societies, Staffs

What are the attitudes of white doctors practicing in the South toward the racial segregation policies which largely govern the admission of hospital patients? How do they feel about the rules and traditions which exclude Negro physicians from membership in county and state medical societies—and from the staffs of hospitals?

In the attempt to gain a partial answer to these questions, the (Southern Conference Educational Fund, Inc.,) sent questionnaires to the 42,500 white physicians listed by the American Medical Association Directory for 17 Southern and border states and the District of Columbia, asking the following information:

I. Which of the following plans do you think best serves the health needs of the entire community? (A) Admit patients to hospitals without segregation; (B) Admit Negro and white patients to the same hospital with segregation; (C) Maintain separate hospitals for Negro and white patients.

II. Would you favor the admission of Negro physicians to your county medical society?

III. Would you favor granting hospital privileges to Negro physicians in hospitals in which you practice?

The states were: Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.

Five thousand, seven hundred and fifty replies were received, a 13.5 per cent return. The ballots were fairly well-distributed. New Mexico was high in representation with 18 per cent, Texas low with 9 per cent. Six states had a 16 per cent return, four 15 per cent and two 13 per cent.

As Table I indicates, the voting on the first question was heavily in favor of Plan B. Favoring the admission of white and Negro patients on a segregated basis in the same institution were 3,698 doctors—64 per cent of the total voting. Plan A, involving the integration of wards, received 978 ballots—17 per cent. Eleven per cent—678 votes—approved Plan C, the establishment of separate hospitals for Negroes and whites, and the remaining eight per cent either voted for combinations of the above plans or did not answer the question.

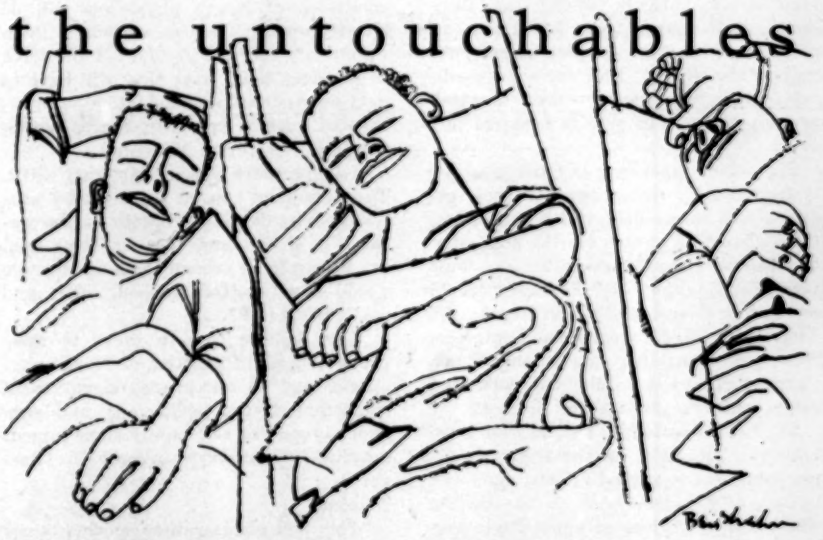
It should be stated that several doctors voting for Plan B expressed a personal preference for Plan A in comments appended to their questionnaires. Also, in several states where most of the hospital space available to Negroes is concentrated in a few all-Negro hospitals, the vote for Plan B could be considered a vote against Plan C. For example, in Mississippi and South Carolina, where "separate but equal" facilities predominate, the ballots for bringing together all patients under one roof totalled 82 and 69 per cent, respectively.

The response to this question has an interesting correlative. Previous to the poll of doctors the SCEF submitted the same question to 2,414 administrators of Southern hospitals. Of 711 replies, 62 per cent favored Plan B, 18 per cent Plan A and 11 per cent Plan C. It can be seen that the doctors and the administrators registered very close agreement.

As a contrasting expression of opinion, an SCEF poll of Southern college teachers conducted in 1950 revealed that seven out of 10 of those participating favored the immediate admission of Negroes to graduate and professional schools, without segregation. Nearly 15,000 of this professional group were polled, with 3,422 replies being received.

Since in most cases the granting of hospital staff privileges depends on membership in the local medical society, questions II and III are related. And the voting (shown on tables II and III) was strongly affirmative on both questions. Society membership was favored by 4,090 —71 per cent—, and another 196—three per cent—expressed qualified approval.

(Continued on Page 2.)



Cover design by Ben Shahn for "The Untouchables," the hard-hitting pamphlet on hospital discrimination now being distributed by the SCEF. Price $.50 per copy, with contributions to enable wide distribution being welcomed.

Doctors' Poll

(Continued from Page 1.)

The granting of hospital staff privileges won 63 per cent approval with 3,644 ballots, and 603 more—14 per cent—lent qualified backing.

These results run counter to the general practice of the medical societies of the states involved. Florida, alone, of the Deep South states has made full membership available to Negro doctors. Georgia has created a limited membership which gives only the privilege of attending scientific meetings. A sprinkling of counties in other states have this same arrangement.

In Oklahoma only one Negro is a member of the state society. According to its secretary, the New Mexico State Medical Society does not accept Negroes. The North Carolina society has petitioned the AMA to recognize the Old North State Medical Society, a Negro group, as a separate unit, and Kentucky is working on a similar arrangement. County societies in Virginia are being polled on the admission of Negroes. The District of Columbia membership voted, 735-296, in July to begin considering applications.

For the individual states, Arizona and New Mexico were, as could be expected, strongest in their approval of integration and of the admission of Negro doctors to society membership and staff privileges. The District of Columbia (43 per cent for integration of patients and 82 per cent affirmative on the questions concerning doctors) and Maryland (34, 89 and 75 per cent) were next.

The largest vote in opposition to segregation of patients among the Deep South states came from Louisiana—12 per cent, with New Orleans registering most of the ballots. Florida, where medical society barriers have been dropped, cast an 82 per cent vote in favor of this move.

Physicians practicing in cities generally tended to be more liberal in their racial views than their white colleagues. Of Alabama's 11 votes for the admission of patients without segregation, six came from Birmingham. Of Florida's 48, 22 were from Miami and Miami Beach. Of Kentucky's 75, 37 were from Louisville. However, Maryland, North and South Carolina, Texas and Oklahoma presented fairly uniform climates of opinion.

The ballots stated that signatures were optional, but 3,928 of them—nearly 70 per cent—were signed. This, plus the nature of the comments on the ballots which are printed as an appendix to this article, indicates a sincere expression of opinion on the part of those participating in the poll.

TABLE I

Number and per cent of Southern doctors voting on various hospital racial policies.

STATE	No. of Ballots Mailed	Replies No.	Replies %	Plan A—Without Segregation No.	Plan A—Without Segregation %	Plan B—With Segregation No.	Plan B—With Segregation %	Plan C—Separate Hospitals No.	Plan C—Separate Hospitals %	Other No.	Other %
Alabama	1,864	277	15	11	4	211	77	30	11	22	8
Arizona	801	128	16	66	52	53	41	2	2	5	4
Arkansas	1,234	193	16	16	8	139	73	22	11	14	6
Delaware	421	62	15	18	27	38	55	3	9	3	9
District of Columbia	2,326	292	13	125	43	137	47	16	5	6	2
Florida	2,978	457	15	48	9	299	66	78	17	22	5
Georgia	2,742	406	15	32	8	257	63	88	22	26	6
Kentucky	2,264	366	16	75	20	240	65	49	11	5	2
Louisiana	2,678	295	11	36	12	200	68	43	15	13	4
Maryland	3,390	530	16	180	34	296	56	23	4	32	6
Mississippi	1,410	232	16	4	2	187	80	20	8	16	7
New Mexico	504	90	18	56	62	28	31	2	2	3	3
North Carolina	3,275	504	15	55	11	339	67	75	15	32	6
Oklahoma	2,155	257	12	53	21	169	66	20	8	11	4
South Carolina	1,383	180	13	3	2	120	67	28	16	24	14
Tennessee	3,047	367	12	48	13	203	55	79	21	30	8
Texas	7,600	705	9	96	14	510	72	49	7	44	6
Virginia	2,492	409	16	56	14	272	67	51	12	28	6
Grand Total	42,564	5,750	13.5	978	17	3,698	64	678	11	336	6

SELECTED COMMENTS FROM BALLOTS

(These remarks, culled from the returns for each state, are not presented as necessarily typical, but were often chosen for the intrinsic interest of the attitude or situation described.)

Alabama

"I don't believe polls have any real significance. Look at the Literary Digest and Presidential election of 1948." (Pediatrician).

"Although I am of the opinion that the admission of Negro physicians will be bitterly opposed, unless we admit them voluntarily they can go to court and force us to admit them since they will have to gain admission for qualification as members of various specialty boards, societies, etc." (Internal Medicine).

"I know there are an Almighty GOD. The Scriptures teaches to stay with your tribe. Why did GOD? create the various races? If HE had then as some men are trying to do stirred them up then we would have spotted, striped, calico and etc." (sic) (GP).

"I do believe that in order to raise the standards of practice of Negro physicians and to encourage migration of competent Negro physicians and surgeons to a given community some type of hospital affiliation is in order." (Surgery).

Arizona

"This poll seems rather needless since all of these apparent aims are already attained in the state of Arizona." (Surgery).

"When the continued racial agitation by Negroes is discontinued they will receive much more friendly consideration. Joe Louis' recent demand to enter the pro golf tournament in Phoenix only adds fuel to the fire and raises white resentment." (GP).

Arkansas

"No restriction in tax supported hospitals but segregation in secular or private institutions." (Trauma).

"If you admit colored people to the society what about the auxiliary? When the auxiliary has a party would you want your wife to dance with a colored doctor?" (Anonymous).

"As a medical society is a scientific organization and not a social organization, I see no reason to limit its membership on either race, color or creed; but should be limited only by character, moral standing, educational background, etc." (Councilor, District Medical Society).

"The Negro and the Jew are the usual goats in the American society . . . I agree with Robinson who says if my morals or actions are wrong blame me, for my color blame God." (GP).

Delaware

"In theory I favor Plan A. However, in actual practice admission without segregation in this locality would meet with overwhelming lay criticism at the present time." (GP).

District of Columbia

"How about the 'health needs' of our

racial germ plasm? Do we know enough in this direction to be leaping into the dark, literally as well as figuratively? Non-segregation on the social level . . . will provoke miscegenation and hasten the fusion of two widely distinguished races. Does anyone know just what this might mean? No one does. I shudder before the possibilities." (Internal Med.)

"As I am in the Army, my practice is non-segregated. I rarely find difficulty among male patients due to this. Some female patients voice objections, but can usually be handled with ease." (Internal Med).

"A modification of Plan A in the sense that the other (white or colored—since some colored persons get anxious when too close to white persons suddenly) occupant or room if semi-private should be allowed a say. A person should not be forced to come to grips with his resistances concerning race in the midst of a debilitating physical illness." (Psychiatrist).

"I have opposed this (Plan A) for years, but realize now it is here and so accept it under regulations and strict supervision." (Gynecologist).

Florida

"The segregation of Negroes, I feel, only perpetuates prejudice and results in poorer medical facilities for Negroes because poorer, more crowded quarters, fewer attending physicians, etc., tend to be allocated to them." (Internal Medicine).

"Much of the present intolerance of minority groups is brought on by the minority group itself. The colored and Jewish people in this community did more to further anti-Semitism, etc., by voting in a block for Claude Pepper than can be imagined." (Neuro-psychiatry).

"I have no prejudice whatsoever against anybody except Fascists. I am sure I don't have too much company down south." (X-Ray).

"I believe in treating Negroes with respect but NOT without segregation. Look in on Cuba and see what you have." (Anonymous).

Georgia

"While I see no objection to Plan A it might be more realistic to start with Plan B and soften some of the objections of the die-hard bigots." (EENT).

"I believe we are not yet ready to have both races in the same ward or rooms. However I deplore the economic waste necessary when completely separate facilities are built and maintained." (Radiology).

"There are 20 Negro physicians in Atlanta to help serve a Negro population of 100,000. Mortality rates are unreasonably high in our local Negro hospitals. The medical background of many of these Negro physicians is shallow." (Physical Medicine).

Kentucky

"I am opposed with all my being to any segregation whatsoever. I will not be a member of any organization that harbors of discrimination against any group of human beings because of race, color or creed." (GP).

"Wish to inform you of the death of Dr.———— (my late husband), but being a good southerner, a gentleman and a Democrat, he would not think of being a member of anything with Negro members and he certainly would not practice in a hospital with a Negro physician." (GP).

"The Negro has proven himself in both war and peace. It is time we forget color and races." (GP).

"The African is a decadent race. At one time, in antiquity it occupied the center of the stage of civilization. It is a fundamental principle of science that either a fauna or flora having reached its acme, it contiues to decline and never comes back." (GP).

Louisiana

"There can be no question from the health standpoint, leaving aside all other considerations, that non-segregation is more effective and more economical." (Pediatrics).

"I have been with Negroes all my life, having been raised in the South, and understand them, and have asked them specifically regarding segregation and have only found one that was really desirous of doing away with segregation." (Tuberculosis).

"I have long did an extensive Negro practice, but if the Communist whites, who are far inferior to any Southern Negro, are not liquidated along with the Socialist government officials in Washington, we shall soon have to have a nice little Communist inspired revolution." (GP).

(Continued on Page 4.)

TABLE II

Doctors vote on admission of Negro physicians to medical societies.

STATE	No. of Ballots Mailed	Yes No.	Yes %	No No.	No %	Qualified Approval No.	Qualified Approval %
Alabama	1,864	147	53	112	40	10	4
Arizona	801	122	94	4	3	0	.
Arkansas	1,234	111	57	69	36	12	6
Delaware	421	55	89	4	6	3	5
District of Columbia	2,326	243	83	37	13	5	2
Florida	2,978	377	82	58	13	8	2
Georgia	2,742	244	60	140	34	17	4
Kentucky	2,264	267	73	83	23	15	4
Louisiana	2,678	192	65	85	29	13	4
Maryland	3,390	473	89	51	10	2	.
Mississippi	1,410	99	43	117	50	13	6
New Mexico	504	81	90	6	7	0	.
North Carolina	3,275	346	69	128	25	23	5
Oklahoma	2,155	193	75	51	20	5	2
South Carolina	1,383	87	48	61	33	20	11
Tennessee	3,047	232	63	125	34	11	2
Texas	7,600	543	77	139	20	15	2
Virginia	2,492	278	68	100	25	24	6
Grand Total	42,564	4,090	71	1,370	24	196	3

TABLE III

Doctors vote on admission of Negro physicians to hospital staffs.

Yes No.	Yes %	No No.	No %	Qualified Approval No.	Qualified Approval %
132	48	84	30	58	21
118	92	6	5	3	2
114	59	49	25	28	15
50	80	6	10	6	10
242	83	44	15	5	2
332	73	72	16	39	9
189	47	126	31	81	20
274	74	76	21	21	5
167	57	92	31	30	10
396	75	92	17	33	6
97	42	97	42	26	11
83	92	6	7	1	1
313	62	119	23	60	12
171	66	60	23	15	6
96	53	33	18	45	25
170	47	143	39	51	13
452	64	146	21	48	7
248	60	98	24	53	13
3,644	63	1,349	23	603	14